

Department of Fire Services Flyer Request/Approval Form

Approval #: _____

Account #: _____

Course #: _____

Session: _____

Today's Date: _____

Program Office: _____

Coordinator: _____

- **Any flyer request must be submitted 60 days prior to class start date.**
- **If this is a new program, a complete course description must be attached**

Check one of the following:

Please use standard flyer for the following ☐

See new description attached ☐

Course Title: _____

Course Date: _____

Course Time: _____

Course Location (please include full address): _____

Course Fee: (if applicable) _____

Flyer Request to be submitted to the Scheduler

**The following people must approve the completed flyer prior to printing
(this applies to in-house as well as outsourced printing).**

Media: _____ Briefs: _____

Christina Mitchell – to insure that the flyer meets the standard format and is consistent

Scheduling: _____

Abby Baker – to insure that the program is in the database and the dates & times are accurate

Registration: _____

Kate D'Amelio or designee – to verify that the information required by the student is correct

Proof-Reading: _____

Sue Neaz – to proofread from a grammar standpoint and insure consistency

If changes are required, this must go through the approval process again.

Director/Deputy Director: _____

Deputy State Fire Marshal (if applicable): _____

Distribution:

DFS Briefs (Month): _____

ListServe*: _____

FM Advisory**: _____

Other: _____

**Electronic copy to Director*

***Electronic copy to EXO Admin*